Q. What is the TBR press release? Why do these numbers matter?

A. The TBR press release is an annual release of data about live births among California females under age 20 completed by the California Department of Public Health (CDPH). In 2012, the press release was updated to include data on repeat births and births to females under age 15. Adolescent childbearing, in particular among youth age 17 and under, is an important public health issue; monitoring these data aid in State and local surveillance and program planning efforts.

Q. How is the TBR calculated? How is the percentage of repeat births calculated? Why are these numbers different from other sources (e.g., National Center for Health Statistics)?

A. The TBR and the percentage of repeat births are calculated as follows:

a. The TBR is the number of live births to females ages 15-19 divided by the female population ages 15-19, multiplied by 1,000.

b. Percentage of repeat births is the number of live births to females with a previous live birth divided by the total number of live births among females ages 15-19, multiplied by 100; excludes births where birth order is unknown or the number of previous live births is greater than 6 (less than 1% of births excluded).

CDPH calculates these numbers statewide, by county, by race and Hispanic ethnicity, and by age group. These numbers may differ from rates published for California by other sources due to differences in the data used and/or methods of calculation. Birth rates for racial and ethnic groups are reported for seven standard race/ethnic categories that match the California Department of Finance (CDOF) population racial categories: Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic Pacific Islander, non-Hispanic American Indian, and non-Hispanic Multiple Race. Consistent with State mandate, CDPH uses the most up-to-date population files from the CDOF [1] to calculate the TBR.

Q. Why does the TBR continue to decline? Why is California successful?

A. Adolescent childbearing is a complex issue, which involves the cumulative effect of social and economic disparities and sexual developments prior to pregnancy and childbearing. On a national level, evidence suggests that birth rates are declining largely because more youth are using contraception[2]. Youth also appear to be delaying sexual intercourse, although this accounts for much less of the decline. While California is one of the only U.S. states without representative statewide behavioral data on adolescent sexual health[3], California's innovative sexual health policies are consistent with the link between contraceptive use and reductions in early childbearing.

California's success likely relates to a multi-pronged approach for promoting adolescent sexual health. Key components of this approach include:

- The California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (*Education Code* [*EC*] sections 51930-51939) requiring school-based and other state-funded sexuality education to be comprehensive, medically accurate, and age and culturally appropriate;
- Providing accessible, no cost, youth-friendly family planning services through the Family PACT (Planning, Access, Care and Treatment) Program administered by the California Department of Health Care Services (DHCS);
- Addressing social determinants by utilizing adolescent sexual health prevention programs that are evidence-based, skill-focused, and culturally and linguistically appropriate; and,
- Integrating positive youth development (PYD) and healthy relationship development into primary and secondary pregnancy prevention programs.
    - PYD is a strengths-based construct that emphasizes and promotes youth protective factors (e.g., resiliency) that can lead to positive health outcomes.
    - Supporting youth in building healthy relationships can also affect their decisions related to educational attainment, family planning, and health[4].

In sum, California has a long history of providing services that help young people make informed reproductive choices. The State has made the prevention of adolescent childbearing a high public health priority spanning the administration of four governors, two Republicans and two Democrats. Additionally, a number of major private, non-profit organizations also contribute by providing grants to help young people delay childbearing and improve student learning and achievement.

Q. How confident should we feel in a continued decline? Do we still need to worry about this issue?

A. California has had great success in reducing the number of births to females under age 20. However, much work around the issues of adolescent sexual and reproductive health remains. In 2012 alone, over 10,000 children were born to California mothers under age 17. Moreover, 1 in 5 births to mothers ages 18 – 19 were repeat births. Additionally, there are substantial racial, ethnic, and geographic inequalities in adolescent childbearing across the State. Finally, in 2015, there will be over 5 million adolescents in California - supporting the health and well-being of these individuals is a cause CDPH will continue to champion.

Q. Why do some areas still have such high birth rates compared to others? What can we learn from areas where the birth rates are dropping?

A. Adolescent health, including adolescent sexual health, often mirrors the health and attitudes of communities as a whole. In communities where there are high birth rates among youth, often there are also high levels of poverty and limited employment and educational opportunities[5].

Moreover, recent interviews with California youth and adults in communities with high and low TBRs found that youth in areas with lower rates report better communication about reproductive health and more emotional support from parents than youth in areas where birth rates remain high[6]. In addition to improving access to contraceptives and comprehensive sex education, several communities where birth rates are dropping also indicated local initiatives, such as afterschool activities and alternatives to juvenile detention, as important tools in supporting overall adolescent well-being.

Q. How does early childbearing affect the life course options of male and female youth?

A. All California youth deserve access to high-quality education and opportunities for job training and success. Evidence suggests that youth who do not complete high school and/or post-secondary education are less successful in the job market and earn less money over their lifetimes[7]. Adolescent childbearing is one factor that may affect a youth's ability to successfully complete schooling[8]. Other factors include family poverty, school violence, and systemic racial inequalities[9]. Working as a community to provide California youth with equal access to quality schools, community mentoring, job-training and clear paths to higher education can effectively reduce the negative effects of loss of education on income potential, which can improve life course options for California families.

Q. How much does adolescent childbearing cost California taxpayers? Why is this information not included in the 2012 Teen Birth Press Release?

A. The 2012 TBR data press release focuses on surveillance data with the goal of highlighting successes and continued disparities in births among California youth, including new information about repeat births during adolescence and births to California's youngest mothers – those who give birth before age 15. Estimations of costs of adolescent childbearing are published by the Public Health Institute (http://teenbirths.phi.org/) and the National Campaign (http://www.thenationalcampaign.org/costs/). **Note**: The views and opinions of authors expressed on these sites does not necessarily state or reflect those of the State of California.

Q. What programs do the Maternal, Child, and Adolescent Health Division (MCAH) provide to support adolescent pregnancy prevention? What programs are available in different counties?

A. CDPH/MCAH receives federal and State General Funds to support the capacity of Local Health Jurisdictions and community based organizations. These stakeholders implement primary and secondary prevention programs that focus on informed decisions about sexual and reproductive behavior, healthy relationships, positive youth development, and educational attainment. For more information about MCAH adolescent sexual health programming, including listings of local programs, please visit: http://www.cdph.ca.gov/programs/MCAH/Pages/default.aspx.

Q. What other adolescent sexual health programs are available throughout the State?

A. There are several statewide initiatives to support adolescent sexual and reproductive health such as, the CDPH Sexual Transmitted Diseases Control Branch programs (www.cdph.ca.gov/programs/std/Pages/default.aspx); Department of Health Care Services Family PACT program (www.familypact.org) and the Department of Social Services Cal-LEARN program (www.cdss.ca.gov/cdssweb/PG84.htm) . There are various additional privately and publically funded local initiatives throughout California.

Q. What is California doing to support young men/fathers?

A. MCAH recognizes that optimizing adolescent sexual and reproductive health outcomes in California requires inclusion of all California youth – male and female. Consistent with federal guidelines, MCAH includes male youth in both primary and secondary prevention programming. Males under age 18 are also eligible to obtain contraceptive methods and other related reproductive health care services from the State family planning program.

Q. How much does MCAH spend on adolescent pregnancy prevention programs? In the last five years, how did this funding change?

A. Between the 2007-2008 and 2011-2012 fiscal years, funding to support adolescent's sexual and reproductive health in California was dramatically reduced, resulting in the elimination of three programs entirely (Community Challenge Grants, Male Involvement Program, and Teen SMART Outreach). In Fiscal Year 2012-2013, MCAH spent approximately $16.7M in State and Federal funds on three statewide youth sexual health programs including $6.5M on the Personal Responsibility and Education Program, $3.4M on the Information and Education Program, and $6.8M on the Adolescent Family Life Program[10]. Between the 2012-2013 and 2013-2014 fiscal years, the Adolescent Family Life Program received a $1.1M funding cut.

Q. Why is funding for adolescent sexual health programming important?

A. While the TBR is declining, the number of youth, families, and communities impacted by early childbearing remains high. Moreover, racial, ethnic and geographical disparities persist in adolescent sexual and reproductive health in California. Providing adolescents with the knowledge and motivation to make informed decisions around their sexual and reproductive health is an important tool in assisting youth in becoming healthy and successful adults. Adolescent sexual and reproductive health programs funded by MCAH include information and skill-based training on adolescent development, sexual decision making and contraceptive use, as well as information about developing healthy relationships with caring adults and peers, and goals for balancing educational and reproductive outcomes.

Notes and References

[1] State of California, Department of Finance, *Methodology and Assumptions for the State and County Population Projections: July 1, 2010-2060*, Sacramento, California, January 2013.

[2]Santelli JS, Lindberg LD, Finer LB, Singh S. Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use. *American Journal of Public Health*: January 2007, Vol. 97, pp. 150-156. doi: 10.2105/AJPH.2006.089169

[3]California participated in the Centers for Disease Control and Prevention biennial Youth Risk Behavior Survey (YRBS) from 1991 to 1999 and again from 2009 to 2013. In each of these data collection efforts, the State was unable to collect data from enough schools and/or enough youth to generate data that is weighted to, and representative of, the State's youth population. Representative data is available for several California counties including Los Angles, San Bernardino, San Diego and San Francisco. For more information about YRBS data collection visit: http://www.cdc.gov/HealthyYouth/yrbs/index.htm.

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